## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09764691

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T	TAL CLAIRAC	<del></del>	(Column 1) (Col		(Colu	mn 2)	TYPE [	TYPE		SMALL	ENTITY		
TOTAL CLAIMS							RATE	FEE		RATE	FEE		
FC	PR		NUMBER FILED		NUMBER EXTRA		BASIC FE	<b>3</b> 55.00	OR	BASIC FEE	710.00		
TC	TAL CHARGEA	ABLE CLAIMS	<i>j8</i> minus 20=		*		X\$ 9=		OR	X\$18=			
-	DEPENDENT CL			nus 3 =			X40=		OR	X80=			
MC	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+135=		OR	+270=			
* If	the difference	in column 1 is	less than zero, enter "0" in colum			olumn 2	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II									-	OTHER	THAN		
	(Column 1) (Colu				mn 2)	(Column 3)	Column 3) SMALL ENTITY				ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=			
AME	Independent	* NTATION OF MI	Minus	***	T CL AIM	<u>                                     </u>	X40=		OR	X80=			
<u> </u>	T I I I I I I I I I I I I I I I I I I I	INTERIOR OF IM	OLIN EL DEI	LIVELIA	CLAIN		+135=		OR	+270=			
								<u> </u>	OR	TOTAL			
(Column 1) (Column 2) (Column 3)								<u> </u>	<u>"</u>	ADDIT. FEE			
	- V 90 To-20	(Column 1)	and the sale wind	HIGH		(Column 3)	F	γ	a 1				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ND	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=			
AME	Independent	AITATION OF MA	Minus	***	CL AIM	=	X40=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=			
									OR	TOTAL			
								<u> </u>		ADDIT. FEE			
	Carrier Carrier	(Column 1)	Cape Marine San C	(Colui		(Column 3)					<del>,</del>		
ENTC		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	*	Minus	**		=	X\$ 9=	1	OR	X\$18=			
A ME	Independent	*	Minus	***		=	X40=			X80=			
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDEN	ΓCLAIM				OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 2									OR	+270=			
•••	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For" IN THIS aid For" IN THIS	S SPACE I	s less thai	n 20, enter "20." n 3, enter "3."	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE			
	The "Highest Num	nber Previously Pai	d For" (Total or	Independ	ent) is the	highest number	found in the ap	propriate box	k in col	umn 1.			

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Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	1						RATE	FEE		RATE	FEE	
F	OR .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
Τ	OTAL CHARGE	ABLE CLAIMS	L - เกิเกบร 20=		. *			X\$ 9=		OR	X\$18=		
INI	DEPENDENT C	LAIMS	- m	inus 3 =	<b>*</b>			X42=		OR	X84=		
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		1	.200		
* If the difference in column 1 is less than zero, enter "0" in column						column 2	Į	TOTAL		OR	+280=	<u> </u>	
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL OTHER	THAN	
		(Column 1)	·	(Colur		(Column 3)	1 _	SMALL ENTITY			SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	* 18	Minus	** 2	0	=	X\$ 9=	X\$ 9=	1	OR	X\$18=	1	
ME	Independent	* 3	Minus	***	3	=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	-	OR	+280=		
•								TOTAL	\		TOTAL		
(Column 1) (Column 2) (Column 3)								VODIT. FEE			addit. Fee	<u> </u>	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	Bangaran (1)	HIGH NUMB PREVIO	est Ber Ously	PRESENT EXTRA	RATI	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	ů.	Minus	<del>##</del>		=		X\$ 9=		OR	X\$18=		
	Independent	¢	Minus	***		=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
<del></del>								TOTAL DDIT. FEE			TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	^	~~ · · · · · ·		- '			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	60000000000000000000000000000000000000	HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	ú	Minus	<del>\$4</del>		= \		X\$ 9=		OR	X\$18=		
	Independent	t	Minus	<del>u</del> dd		=	-	X42=		OR	X84=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+140=					
•	of the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
"If the entry in column 1 is less than the entry in column 2, write "U" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.													